

Abby B. Sandler, PhD
Executive Secretary, President's Cancer Panel



Update for the National Cancer Advisory Board

December 1, 2015



Mission

The Panel shall monitor the development and execution of the activities of the National Cancer Program, and shall report directly to the President.

Any delays or blockages in the rapid execution of the Program shall immediately be brought to the attention of the President.



Members

Barbara K. Rimer, DrPH

Univ. of North Carolina at Chapel Hill



Hill Harper, JD

Cancer Survivor, Actor, and Best-Selling Author



Owen N. Witte, MD

University of California Los Angeles





Overview

2012-2013 Report to the President

UPDATE: *Accelerating HPV Vaccine Uptake: Urgency for Action to Prevent Cancer*

2014-2015 Series

Connected Health: Improving Patients' Engagement and Activation for Cancer-Related Health Outcomes

2016 Series

Rising Costs of and Access to Cancer Care
(working title)



2012-2013 Report to the President

Accelerating HPV Vaccine Uptake: Urgency for Action to Prevent Cancer



HPV Vaccines **Prevent Cancers.**
Why Are **So Few** U.S. Adolescents Vaccinated?



A Report to the President of the United States
from
The President's Cancer Panel

President's Cancer Panel Annual Report 2012-2013

ACCELERATING HPV VACCINE UPTAKE: URGENCY FOR ACTION TO PREVENT CANCER

Share:

Human papillomaviruses (HPV) cause most cases of cervical cancer and large proportions of vaginal, vulvar, anal, penile, and oropharyngeal cancers. HPV also causes genital warts and recurrent respiratory papillomatosis. HPV vaccines could dramatically reduce the incidence of HPV-associated cancers and other conditions among both females and males, but uptake of the vaccines has fallen short of target levels. The President's Cancer Panel finds underuse of HPV vaccines a serious but correctable threat to progress against cancer. In this report, the Panel presents four goals to increase HPV vaccine uptake: three of these focus on the United States and the fourth addresses ways the United States can help to increase global uptake of the vaccines. Several high-priority research questions related to HPV and HPV vaccines also are identified.

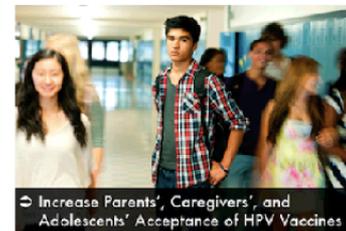
- Letter to President Obama
- Executive Summary
- Recommendations at a Glance
- Download Full Report (PDF)

Click below to read more.

HOW TO ACCELERATE HPV VACCINE UPTAKE IN THE U.S.



Reduce Missed Clinical Opportunities to Recommend and Administer Vaccines



Increase Parents', Caregivers', and Adolescents' Acceptance of HPV Vaccines



Maximize Access to HPV Vaccination Services

INCREASE GLOBAL HPV VACCINATION

CONDUCT HIGH-PRIORITY RESEARCH



National HPV Vaccination Roundtable (Feb. 2015)

- ❑ With support from the ACS and CDC, a national coalition of public, private, and voluntary organizations is collaborating to increase HPV vaccination coverage.
- ❑ **UPDATE:** RFP for first pilot underway

“Identify the factors to success and the challenges impeding the development and implementation of an HPV Immunization Neighborhood.”



Upcoming HPV Report Presentations

INNOVATIONS In Cancer Prevention and Research Conference

November 9-10, 2015 • Renaissance Arboretum Hotel in Austin

Keynote address on PCP's report was well attended and received by conference participants.



Research on the HPV Vaccine: Update from NCI

□ Intramural

- Proposed trial on single dose (direct evaluation of 2- and 1-dose regimens) is **responsive to PCP recommendation to safely reduce number of doses.**
- Dr. Aimée Kreimer will update the NCAB on these activities later today.



Research on the HPV Vaccine: Update from NCI

□ Extramural

- **Cancer Center grant supplements were awarded to gather local data on vaccine uptake, barriers, needs, and collaborators.**
 - 18 NCI-Designated Cancer Centers were funded.
 - Summit hosted by MD Anderson for centers to report progress
 - Report on findings will be released early 2016.



2014-2015 Series

Connected Health: Improving Patients' Engagement and Activation for Cancer-Related Health Outcomes



Series Overview

Identifying the Opportunity

- ❑ **Planning meeting San Diego, 6/2014**
Cancer Communication in the Digital Era: Opportunities & Challenges
- ❑ **1st focused workshop: Boston, 12/2014**
Engaging Patients with Connected Health Technologies
- ❑ **2nd focused workshop: San Francisco, 3/2015**
The Personal Health Data Revolution, Connected Health, and Cancer
- ❑ **3rd focused workshop: Chicago, 7/2015**
The Connected Cancer Patient: Vision for the Future and Recommendations for Action



Workshop 3: The Connected Cancer Patient: Vision for the Future & Recommendations for Action

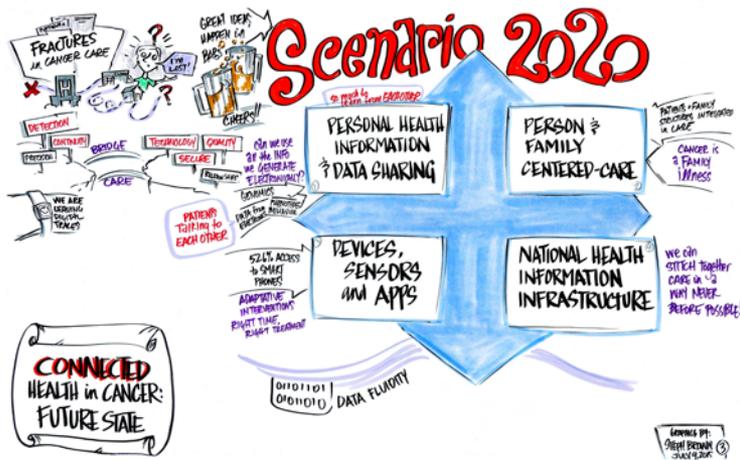
Chicago, IL
July 9, 2015

- ❑ Cancer is a “charismatic species” for healthcare (Berwick)
- ❑ Need uniform open-source interface for patient & provider access to EHRs (Mandl)
- ❑ Enable collaboration between stakeholders (Tinianov)
- ❑ Focus on patient engagement (Frydman)
- ❑ Provide broadband access to rural and underserved areas (Gibbons)
- ❑ Consider patient reported outcomes for clinical care and research (Basch)



**The Connected Cancer Patient:
Vision for the Future and
Recommendations for Action**

July 9, 2015 • 8:30 am to 5:00 pm
W Chicago Lakeshore Hotel
#cHealth4Cancer





Workshop Co-Chairs



David K. Ahern, PhD

- Director, Program in Behavioral Informatics and eHealth, Brigham and Women's Hospital
- Special Advisor, Division of Cancer Control and Population Sciences, National Cancer Institute



Bradford W. Hesse, PhD

- Chief, Health Communication and Informatics Research Branch, Division of Cancer Control and Population Sciences, National Cancer Institute



PCP Workshop Patient Advocates

Stacey Vura Tinianov
breast cancer patient

Corrie Painter, PhD
angiosarcoma patient

Janet Freeman-Daily, Eng
lung cancer patient





Chat 2--The Connected Cancer Patient: Future Vision and Recommendations

#hcldr tweetchat
July 7, 2015

14,970,519

Impressions

2,396

Tweets

207

Participants

1,917

Avg Tweets/Hour

12

Avg Tweets/Participant

- ❑ **T1** What are critical unmet health care needs among patients and families that could be addressed with connected health approaches?
- ❑ **T2** How could connected health approaches promote patient activation & engagement, particularly in cancer?
- ❑ **T3** How can engaged patient communities be encouraged to contribute to health system reform? How might their role be formalized?
- ❑ **T4** What communication tools would help patients be more engaged in their care?



Connected Health Priorities for Patients

- Full access of individuals to their data
- EHR interoperability across silos
- EHR follows patients
- Patients choose how/when/with whom to share data
- Cost and outcome transparency

Personal
Health
Information &
Data Sharing

Person &
Family
Centered
Care

- “What matters to you?”
- Leverage online communities
- Support health literacy
- Coordinate acute and chronic care
- Easily identify & contact appropriate clinical trials

- Devices readily connect patients & caregivers to online communities.
- Full data access
- Integrate data with EHRs
- Device-based surveys & trial participation

Devices,
Sensors, &
Apps

National
Health
Information
Infrastructure

- Connectivity for rural & offline populations
- Open access research
- Engaged patients included in policymaking and trial design
- Big data analysis of outliers & similar cases
- Standardized terms



2014-2015 Report Timeline

In the process of...



Conversations with stakeholders

- Office of the National Coordinator for Health Information Technology
- Federal Communications Commission



Conducting additional research and writing report to President



Report release slated for first half of 2016



2016 Series

Rising Costs of and Access to Cancer Care (working title)





High Drug Prices in the News

Drug Goes From \$13.50 a Tablet to \$750, Overnight

By ANDREW POLLACK SEPT. 20, 2015

U.S. lawmakers step up drug-pricing probes, add Valeant pharmacy to their target list

September 25, 2015 | 5:17 PM | Richard Knox

Cancer Drug Mark-Ups: Year Of Gleevec Costs \$159 To Make But Sells For \$106K

Cancer Society Asks Regulators To Limit Insurers' Charges For Key Drugs

November 19, 2015 · 10:41 AM ET

FOR IMMEDIATE RELEASE
November 3, 2015

Contact: HHS Press Office
202-690-6343
media@hhs.gov

Obama Administration Plans Forum on High Drug Prices

By ROBERT PEAR NOV. 3, 2015

HHS Announces Forum on Pharmaceutical Innovation, Access, Affordability and Better Health

US | Tue Sep 22, 2015 3:15pm EDT

Related: U.S., HEALTH, DRUG PRICING

Exclusive: Americans overpaying hugely for cancer drugs - study

BY BEN HIRSCHLER



Costs of Cancer Care Unsustainable

- ❑ Cancer care is one of the fastest-growing sectors of health care costs (ASCO, 2015).
- ❑ U.S. cost of cancer care was an estimated \$125 billion in 2010 and is projected to reach \$173 billion in 2020, a 39% increase over a decade (Mariotto AB et al., 2011).
- ❑ Over 15 years, the average price of new cancer drugs increased 5- to 10-fold to more than \$100,000 per year in 2012 (Tefferi A et al., 2015).
- ❑ In 2014, **all** new FDA-approved cancer drugs were priced above \$120,000 per year of use (Tefferi A et al., 2015).
- ❑ Nonelderly adults with cancer are significantly more likely to have high out-of-pocket burdens compared with other chronically ill and well patients (Bernard D et al., 2011). Even an insured patient could pay as much as \$30,000/year co-insurance for a \$100,000/year drug, more than half the average yearly U.S. household income (Tefferi A et al., 2015).



Series Planning Workshop

In early spring 2016...

The Panel will bring together thought leaders for a planning workshop to discuss these urgent issues and frame a series to explore potential solutions to the rising costs of cancer care.



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